## GSA, Office of Elevator Safety Application for Certificate of Operation

## MIAMI-DADE COUNTY GENERAL SERVICES ADMINISTRATION FACILITIES and UTILITIES MANAGEMENT DIVISION OFFICE of ELEVATOR SAFETY 111 NW 1<sup>st</sup> Street, Suite 2410 Miami, FL 33128



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www.miamidade.gov/gsa/elevatormain.asp

SECTION 1 - ELEVATOR INFORMATION				
As provided on the Permit to Install, Alter or Relocate or the previous Certificate of Operation				
Serial Number Serial Number must be provided or form	Capacity: Lan	dings: n/a if Escalator	Mfg. Ser #	:
will be returned		of Equipment:		
SECTION 2 – BUILDING INFORMATION				
Note: If the information below has changed since the Permit to Install, Alter or Relocate was issued, please provide the updated information.				
Primary Name (enter name of the building owner)				
Main Address (enter building address)				
Wall Address (effer ballaling address	3)			
City	County		State	Zip Code
D/B/A Name (enter Business Name or Doing Business As Name of the building)				
FOLIO Number:		Change of Owner or Manag	ger: Yes	No
MANAGEMENT or MAILING INFORMATION				
Name				
Mailing Address				
City			State	Zip Code
CONTACT INFORMATION				
Contact Name Primary Business Phone			Number	
Primary E-Mail Address Alternate Phone Number			er or Fax Number	
SECTION 3 – ELEVATOR COMPANY INFORMATION				
Organization Name				
Address				
City			State	Zip Code
SECTION 4 – APPLICANT SIGNATURE				
Authorized Signature of Applicant			Date Signed	
Social Security Number*			Date Submitted	
* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.				